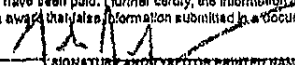


PLEASE READ ALL INSTRUCTIONS BEFORE COM

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REINSTATEMENT

09/25/14--01010--006 **635.00

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P07000074903					
1. Corporation Name					
EQUISTAR DYL III, INC.					
2. Principal Office Address - No P.O. Box If			3. Mailing Office Address		
1221 BRICKELL AVE					
SUITE 660					
MIAMI, FLORIDA					
33131			USA		
4. Date Incorporated or Qualified To Do Business in Florida 02/27/2007					
5. FEI Number 26-1114246					
6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee Required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name: DALE REED					
Street Address (P.O. Box Number is Not Acceptable): 1221 BRICKELL AVE					
SUITE 660					
MIAMI					
FL 33131					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent:  Date: 10/13/14					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
CEO	JOHN YANOPOULOS	1221 BRICKELL AVE		MIAMI FLORIDA 33131	
AGENT	DALE REED	1221 BRICKELL AVE		MIAMI FLORIDA 33131	
10 E-mail Address: Joseph.Galera@ty-group.com					
(To be used for future annual report notification)					
11 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.					
SIGNATURE:  10/13/14 305-766-3777					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DALE REED					

OCT - 15 PM 2:18

OCT 15 2014

C. CARROTHERS